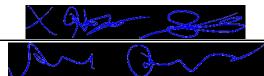
	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4																
									Factor/InterventionViolations					Date	4/0//		014
ı	Establishment Name As Authorized by 22 MRSA § 2496 N JADE GARDEN						No. of Repeat Risk factor / Intervention Violations Score (optional)						0	4	e In e Out	11:00 12:1	
_						(-		نلىكل	J F IVI
License Expiry Date/EST. ID# Address 6/19/2014 / 7466 675 MAIN ST						City Zip Code						04240-580	0.0		ephone 7-783-0	57 <i>1</i>	
6/19/2014 / 7466 675 MAIN ST License Type Owner Name											License Pos		-	Risk Cat			
						· F								NISK Cat	egui y		
MUN - EATING PLACE JADE GARDEN							_			0 IIE	AL TIL INITED	Yes					
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable OUT=not observed N/A=not																
											cos R						
Supervision Potentially Hazardous Food Time/Temperature																	
1 IN PIC present, demonstrates knowledge, and performs duties						16 IN Proper cooking time & temperatures											
			•	loyee Health	_		17		IN		Proper reheati				olding		
2		IN	Management awarenes	-	Т	П	18 19		IN		Proper cooling	•		es			-
3		IN		g, restriction & exclusion		П	20		IN IN		Proper hot hold						
				jienic Practices	<u> </u>		21		IN		Proper cold ho						
4 5		IN IN	Proper eating, tasting, No discharge from eye	drinking, or tobacco use	+-	Н						health control: procedures & record					
H		IIN		mination by Hands	_			1			·	mer Advisory	<u>_</u>	0004		00014	
6		IN	Hands clean & properly	-	$\overline{}$	П		П			Consumer adv			aw or			
				with RTE foods or approved	+	H	23		IN	l	undercooked f						
7		IN	alternate method prope	• • • • • • • • • • • • • • • • • • • •							Highly Susce	ptible Popula	tions				
8		IN	Adequate handwashing	g facilities supplied & accessible		П	24		IN		Pasteurized for	ods used; pro	hibite	d foo	ds not		
			Approv	ved Source		•					offered						Щ
9		IN	Food obtained from ap	proved source		П						Chemical					
10		IN	Food received at prope	er temperature	\top	П	25		IN		Food additives	: approved &	prope	rly us	sed		
11		IN	Food in good condition	<u> </u>	+	П	26		IN	l	Toxic substanc	substances properly identified, stored & used					
		IN I	Required records avail			П				Co	nformance with	Approved Pr	ocedu	res			
12		IN	parasite destruction	_			27		IN		Compliance wi	th variance, s	special	lized	process	,	
			Protection fr	om Contamination							& HACCP plan						
13		OUT	Food separated & prot	ected	х		Γ	Ris	sk Facto	nrs	are improper pra	ctices or proce	dures ic	lentifi	ed as the	most	
14		IN Food-contact surfaces: cleaned and sanitized prevalent contributing factors of foodborne illness or injury. Public l															
15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food																	
			reconditioned, & unsai			<u> </u>	-										
			Cood Potail Practices are	GOOD F							and physical chic	oto into foodo					
				preventative measures to control the			•	•									
Ма	rk ")	X" in box if n	umbered item is not in com	npliance Mark "X" in appropriate	box f	or CC	OS ar	nd/or	r R	COS=	corrected on-site	e during inspec	ction	R=r	epeat vio	lation	
					cos	R											COS R
Safe Food and Water											Proper Us	se of Utensils					
28		Pasteurize	ed eggs used where requ	iired			41	IN	In-us	e utens	sils: properly sto	ored					
29	IN	Water & ice from approved source				\Box	42	IN	Uten	sils, eq	uipment, & line	ns: properly s	stored,	drie	d, & hand	dled	
30	IN Variance obtained for specialized processing methods						43	IN	Singl	le-use 8	& single-service	articles: pro	perly s	tore	d & used		
			Food Temperature	Control			44	IN	Glove	es usec	d properly						
31	_{IN}]		oling methods used; ade	quate equipment for		$ \]$	Utensils, Equipment and Vending										
	_	temperatu				Ш	45	x	1		-food contact su						,
32	IN		properly cooked for hot	holding		Ш	<u> </u>	┡	prop	erly de	signed, constru	cted, & used					$\sqcup \bot$
33	IN		thawing methods used			Ш	46	-	_		ng facilities: ins		ined, 8	& use	d; test s	trips	$\sqcup \! \! \! \perp$
34	IN	Thermome	eters provided and accur	rate	丄	Щ	47	X	Non-	food co	ontact surfaces	clean					\Box
Food Identification								,	_			al Facilities					
35	Х	Food prop	erly labeled; original cor			Ш	48	-			water available;						$\sqcup \!\!\! \perp$
			Prevention of Food Con				49	+-	_		stalled; proper						
36			dents, & animals not pr			Н	50	-	_		vaste water pro						$\vdash \vdash$
37 38	IN			ood preparation, storage & display	+	Н	51	-	_		ies: properly co		• •				$\vdash \vdash$
				×	\sqcup	52 IN Garbage & refuse properly disposed; facilities maintained							$\vdash \vdash$				
39 X Wiping cloths: properly used & stored						\vdash	53 X Physical facilities installed, maintained, & clean)			
40 N Washing fruits & vegetables 54 N Adequate ventilation & lighting; designated areas used																	
Person in Charge (Signature) Date: 4/8/2014																	
	Health Inspector (Signature) Follow-up: ☐YES ✓NO Date of Follow-up:																

	State of Ma	ine Health Inspect	tion Repo	rt	Page 2 of 4				
Establishment Name JADE GARDEN		As Authorized b	Date 4/8/2014						
License Expiry Date/EST. ID# 6/19/2014 / 7466	Address 675 MAIN ST	City / State LEWISTON	/ ME	Zip Code 04240-5802	Telephone 207-783-0574				
	Tem	perature Observat	ions						
Location	Temperature		Notes						
Fried Rice 165	НН								
raw fish	41								
hot water	110 plus								
meat	41								
pork cooked	40								

Person in Charge (Signature)

Health Inspector (Signature)



State of Maine Health Inspection Report

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Date

Establishment Name

JADE GARDEN

License Expiry Date/EST. ID# 6/19/2014 / 7466

Address 675 MAIN ST

City / State LEWISTON

ME

Zip Code 04240-5802

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

13: 3-302.11.(A).(2): C: Different types of Raw animal foods are not stored in a way to prevent cross contamination with each other during storage, preparation, holding, or display.

INSPECTOR NOTES: raw fish stored above carrots--corrected on site

35: 3-601.12.(D): N: Food presented for consumption not honestly presented due to added unidentified monosodium glutamate.

INSPECTOR NOTES: Need to ad the use of MSG on the menu

39: 3-304.14.(B).(1): N: Wiping cloths used for wiping counters and other equipment surfaces not held between uses in a chemical sanitizer.

INSPECTOR NOTES: wiping cloths need to be held in sanitizer bucket --corrected on site

45: 4-204.16: N: Beverage tubing and/or cold plate improperly installed in contact with stored ice.

INSPECTOR NOTES: ice for drinks must be stored away from cold plate and tubing

45: 4-501.12: N: Cutting surfaces not easily cleanable.

INSPECTOR NOTES: replace cutting board -- sandwich bar

46: 4-302.14: N: No chemical test kit available.

INSPECTOR NOTES: quarts test strips on site for dishwasher-- but need chlorine test stips for sanitizer buckets

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: clean walk-in cooler door seal

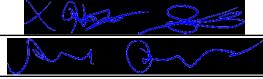
53: 6-501.12: N: The physical facilities are not clean.

INSPECTOR NOTES: wash and re-surface columns in kitchen area--clean underneath all equipment

Person in Charge (Signature)

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10



Date: 4/8/2014

	Page 4 of 4					
Establishment Name					D <u>ate</u>	4/8/2014
JADE GARDEN						
License Expiry Date/EST. ID# 6/19/2014 / 7466	Address 675 MAIN ST	City / State LEWISTON	ME	Zip Code 04240-5802		

Inspection Notes

Certified Food Protection Manager

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment per 10-144 CMR, Chapter 201, Section 2.
- A CFPM must be hired within 90 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers go to: www.maine.gov/healthinspection/training.htm
- Upon completion of the CFPM course, please fax cover sheet and course certificate to (207) 287-3165. On the cover letter please send to the attention of Carol Gott and include your establishment name and establishment license number. Her phone number is 287-5675. You can also mail a copy, with establishment ID number, to her at 286 Water St, 3rd Floor, 11 State House Station, Augusta, ME 04333-0011.

Violation Correction Time Frame

- Critical Violations should be corrected on site, but, in any event, within 10 days. The licensee must contact the inspector when the critical violation has been addressed. Please send an e-mail to [sreny@lewistonmaine.gov or call Susan Reny at 513-3125 etx 3224].
- Non-critical violations must be corrected no later than 90 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8, and 9 of 10-144 CMR Chapter 201 available at: www.maine.gov/dhhs/eng/el/rules.htm

Documentation Retention

- A copy of the most recent inspection report must be maintained at the establishment and be made available to the public upon request.
- A copy of all CFPM certificates must be maintained at the establishment.
- The establishment's current license must be displayed.

Jean chan is a Certified food protection managerCert# 7853536 Exp 5/16/2016

State of Maine 2013 food code has been adopted-copy available on line..

Person in Charge (Signature)

Date: 4/8/2014

Health Inspector (Signature)

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